



TLAC InfoPak (for Puerto Rico)

DoD Health Services Region 15
TRICARE Support Office
PO Box 7380, Fort Gordon, GA 30905-9800

1.888.777.8343, Option #3 or 706.787.2424
DSN: 773.2424 Fax 706.787.3024
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YOUR PASSPORT TO WORLD CLASS QUALITY HEALTH CARE

Welcome to TRICARE Latin America & Canada (TLAC) Prime. I look forward to the challenges of assisting you and your family in having a positive and rewarding experience in your remote assignment. The Welcome Letter, TLAC InfoPak and TRICARE Pocket Card describes the benefits active duty service members and their families are entitled to as TLAC Prime enrollees and how we provide these benefits. TLAC Prime, though slightly different than TRICARE in CONUS, is also modeled on the Health Maintenance Organization (HMO) concept prevalent in the private sector in the United States.

Your TLAC InfoPak will provide you with essential information for obtaining health care while traveling in Latin America and Canada, at other overseas locations and in the United States. Please review it carefully and keep it with you when traveling for future reference.

Our goal is to add value to your overseas experience, keep you healthy and be easily accessible if you require healthcare. We strive to optimally provide the quality healthcare services as described in this handbook. Should we fail to meet your expectations, please tell us how we can better serve you. We encourage you to contact the TRICARE Latin America & Canada Support Office (TSO) and speak with a representative.

Best wishes for a healthy tour in Latin America & Canada that is challenging, exciting and enjoyable. We are here to support you.

ERIC B. SCHOOMAKER
Brigadier General, Medical Corps
Lead Agent, TRICARE Latin America & Canada

KEY POINTS OF TLAC PRIME

The TRICARE Overseas Prime Program offers the greatest benefit worldwide for active duty and eligible active duty family members serving or residing outside the United States.

To be eligible for TRICARE Prime overseas, active duty family members must accompany and reside with their active duty sponsor at their overseas duty station. Enrollment forms are available at the nearest TRICARE Service Center or the TLAC website at <http://tricare.army.mil/>.

There is no co-payment for outpatient visits or procedures for Prime enrolled active duty family members.

The requirement for pre-authorization for civilian healthcare is waived for family members in areas which are not served by a Military Treatment Facility (MTF) including healthcare received while traveling in the United States, (except for care received in Puerto Rico).

The Health Care Information Line (HCIL) is a nurse advisor available 24 hours a day toll free at 800.294.9172 and offers basic healthcare decision making assistance. The HCIL staff cannot authorize care. If enrolled to Military Treatment Facility (MTF) Primary Care Manager (PCM), you must have a referral for civilian healthcare except for emergency care. If you are not enrolled to a MTF you may self-refer to the provider of your choice, however, you should seek care from a Network Provider (contact the nearest TRICARE Service Center for further information or visit the TLAC website at <http://tricare15.army.mil/>).

If you are enrolled to a MTF, you must seek all routine care from your PCM. If your PCM determines you need specialty care, he/she will refer you to either a military or civilian specialist. If you see a civilian provider without a referral, you will be responsible for payment for medical care under the Point of Service (POS) option (see page 4 for further information).

All civilian healthcare must be a TRICARE covered benefit under the TRICARE/CHAMPUS rules. You will be financially responsible for 100% of the cost for healthcare received which is NOT a TRICARE covered benefit. If you have questions about what constitutes a covered benefit, contact the nearest TRICARE Service Center at Naval Hospital Roosevelt Roads at 787.865.5913, Rodriguez Army Health Clinic, Fort Buchanan at 787.707.2051, or Ramey Clinic, Borinquen at 787.890.8477.

CARE IN HOST COUNTRY

Emergency Care:

If you or your family members need emergency care involving potential loss of life, limb or eyesight, obtain care from the nearest medical facility.

Ambulance services are available on base by dialing the posted emergency number in the local military or civilian telephone directory. Emergency ambulance services are available off base by dialing 911. Naval Hospital, Roosevelt Roads (NHRR) is the only MTF open 24 hours per day.

Routine Care:

If you are enrolled to a MTF. You must contact your PCM for all appointments. After normal business hours, call the NHRR Emergency Room or the Fort Buchanan PCM pager for advice or authorization to see a civilian provider, (pre-authorization required for MTF enrollees after hours).

Receiving routine or acute care from a civilian provider without pre-authorization will result in the sponsor's financial responsibility for payment of the medical bills under the Point of Service (POS) option.

Only ACTIVE DUTY COAST GUARD personnel will be enrolled to the COAST GUARD, SAN JUAN CLINIC

Active duty Prime personnel not enrolled to a MTF may seek medical and dental care from a civilian provider of their choice without a referral. A civilian provider network of has been established to provide for

care not available in the MTFs. A list of Puerto Rico Prime network providers are listed on the TLAC web site at: <http://rooseyroads.med.navy.mil/tricare2/Providers.htm> or call Roosevelt Roads TRICARE Service Center at 888.849.4371 or the TLAC Support Office at 888.777.8343, Option 3, for network provider information. (See information below on non-emergent medical and dental care exceeding \$500)

Pre-authorization is required for all non-emergent medical and dental care over \$500.00. Requests for active duty service members should be forwarded to the TLAC Support Office with the required documentation. In accordance with Army Regulation 40-3, the following information is required:

Medical care (please submit request in English). Include the diagnosis requiring treatment, a statement whether or not the condition requiring treatment is chronic, place of duty, duties of individual and present duty status, and total estimated cost of care.

Claims Filing. Active duty claims (**all services except PR National Guard**) should be faxed to 706.787.3024, DSN 773.3024, or mailed to Commander, DDEAMC, LASE – B38801 (ATTN: LA TLAC OPS), Fort Gordon, GA 30905-5650. The provider's bill (HFCA-1500 or UB-92), receipts, prescription (name of prescription), and other required information should accompany the completed TLAC Medical Claim/Reimbursement Request (Unit Commander's signature required). An Electronic Fund Transfer Election Form must be submitted with the first claim form.

Family members enrolled to Remote Puerto Rico. Prime enrolled family members NOT enrolled to a MTF may seek their routine and acute care from the civilian healthcare provider of their choice without a referral. A civilian provider network of general and family practitioners and specialty providers has been established to provide for care not available in the MTFs. Visit the Naval Hospital Roosevelt Roads website at <http://rooseyroads.med.navy.mil/Providerscity.asp> for a complete listing of providers and locations.

Puerto Rico National Guard Prime Enrollees: PR National Guard service members should contact their unit prior to receiving healthcare at a civilian healthcare facility.

Specialty Care:

If enrolled to a MTF all specialty care must be referred by your PCM. If not enrolled to a MTF, you should see your family provider for guidance on the type and extent of specialty care you receive. Visit the Naval Hospital Roosevelt Roads website at <http://rooseyroads.med.navy.mil/Providersspecialty.asp> for a complete listing of providers and locations.

POINT OF SERVICE OPTION

If you are enrolled to a MTF PCM and receive care without a referral from your PCM, (**self-refer**), you will share the cost of that care under the "Point Of Service Option". This obligates you to pay an annual deductible of \$300 per individual or \$600 per family PLUS 50% of the remaining bill.

MATERNITY CARE

If you are enrolled to an MTF PCM contact your PCM for all Obstetrical (OB) care and referral.

If you are enrolled to Remote Puerto Rico, seek care from your family healthcare provider or choose a network OB provider from the above list of network providers via the world wide web. Contact the nearest TSC for further information.

Non-Medically Necessary CONUS Delivery:

- Cost for travel, lodging and per diem are the sponsor's responsibility.
- Beneficiaries should enroll in Prime with the Region where they will deliver and contact the nearest TSC in that region for further information.. *or*

- Disenroll from TLAC Prime and use the TRICARE Standard benefit. If you choose to use your TRICARE Standard benefit, you may be required to get a Non-Availability Statement (NAS) prior to receiving any OB care. Contact the nearest MTF for further information.

Ultrasounds that are not medically necessary are not a covered benefit. All care received must be a TRICARE covered benefit. Contact the TSO for further information on covered benefits.

MENTAL HEALTH

Active Duty:

Your MTF PCM must refer all mental healthcare. If not enrolled to a MTF PCM, ninth and subsequent outpatient visits and all inpatient visits must be approved by the TSO at 888.777.8343, Option #3.

Family Members:

Eight outpatient mental health visits per fiscal year (1 October through 30 September), are authorized without pre-approval; however, ninth and subsequent outpatient visits must be pre-authorized by contacting their PCM. Contact CHOICE Behavioral Health at 800.700.8646, extension 2008 for pre-authorization for all inpatient mental healthcare.

EYE EXAMS, GLASSES OR CONTACTS

Routine eye examinations are authorized for Active Duty Family members once a year. Glasses and/or contact lenses are not covered benefits.

Active Duty members are also authorized routine eye examinations once a year. Active Duty members may obtain eyeglasses through a Military Treatment Facility. Glasses and /or contact lenses that are purchased locally by the service member are not covered benefits and will not be reimbursed.

AEROMEDICAL EVACUATION

Active duty and active duty family members are eligible for Aeromedical Evacuation (AE). AE is provided for urgent and emergent care NOT available locally.

If enrolled to a MTF contact your PCM for further information. If not enrolled to a MTF contact the TSO toll free at 888.777.8343, Option #3 for further information.

HEALTH ENROLLMENT ASSESSMENT REVIEW (HEAR)

The HEAR Survey is an important part of the TLAC Prime benefit. Completing the HEAR Survey provides confidential information to the PCM about a beneficiary's current health status and health behaviors. Included in the HEAR Survey are questions about lifestyle such as tobacco consumption, nutrition and exercise habits, health history, and stress.

Beneficiaries should:

- Complete the HEAR Survey as soon as possible following the HEAR Do's and Don'ts in the welcome package.
- Return the completed HEAR Survey to the TSO via the pre-addressed return envelope.

After the HEAR Survey is scanned and processed, you and your PCM will receive a copy of the results with appropriate recommendations for follow-up.

TRICARE MAIL ORDER PHARMACY

The TRICARE Mail Order Pharmacy (TMOP) is a mail order prescription service which provides limited new and refill prescription services. Beneficiaries wishing to use this service must have a prescription written by a US credentialed provider and have a United States, United States Territory or APO/FPO mailing address. Please review the TMOP material provided in the welcome package for more details.

TRAVELING WITH TLAC PRIME IN CONUS

TLAC Prime Enrollees should always carry their TRICARE Pocket Card and Prime ID Card(s).

Active Duty:

- If an MTF is available in a reasonable distance, seek healthcare at that MTF.
- Any routine care outside a MTF must have prior authorization. If a MTF is NOT available, call Military Medical Services Office (MMSO) toll free at 888.647.6676, Option #2, then Option #1 for pre-authorization. Failure to get pre-authorization will cause beneficiaries to be held financially responsible for all or part of the healthcare costs.
- If an active duty TLAC Prime enrollee is traveling in CONUS and incurs a bill for civilian urgent or emergent healthcare, claims should be filed with Foreign Claims, WPS with a copy of the bill and a completed DD Form 2642 CHAMPUS Claim Form (same as for family members). When filing claims, beneficiaries must use their OCONUS mailing address. The claim form is available on the web at the following address: <http://www.tricare.osd.mil/ClaimForms/>

Family Members:

- If an MTF is available in a reasonable distance, seek healthcare at that MTF. TLAC Prime enrollees have the same access to care priority as local Prime enrollees.
- Authorization is not required for medical care received outside the TLAC area.
- If MTF care is not reasonably available, TLAC Prime enrollees should seek care from a network provider. ADFMs seeking civilian care should ensure they are seen by a TRICARE network or authorized provider. If care is received from a non-network provider, the patient is responsible for the co-payment and up to an additional charge of 15% above the TRICARE Maximum Allowable Charge.
- Call the toll free telephone number for the region where medical care is required for assistance in locating a network provider (see Regional Contacts on page 12).
 - Providers should file claims to WPS with a copy of the bill.
 - Family members may file their own claims with WPS using the DD 2642, CHAMPUS Claim Form). Include a copy of the bill and use the OCONUS return mailing address. The claim form is available on the web at: <http://www.tricare.osd.mil/ClaimForms/>

Co-payments for Prime enrolled active duty family members receiving care in CONUS are WAIVED.

The Pharmacy co-payment/reimbursement structure for CONUS prescriptions has changed. Keep in mind you will have to pay up-front and file for reimbursement less copay as below. Contact the regional TRICARE Service Center for information on locating a network pharmacy.

Your Cost		
Place of Service	Generic Drugs	Brand Name Drugs
Military Treatment Facility	\$0	\$0
TRICARE Mail Order Pharmacy (up to a 90-day supply)	\$3	\$9
TRICARE Retail Networks (up to a 30-day supply)	\$3	\$9
Non-Network Pharmacies	Prime: \$300 per person/\$600 per family, Point of Service Penalty is 50% after ded. Standard: \$9 or 20% of total cost (whichever is greater). Existing deductibles and Point of Service penalties apply (E-4 & below \$50 per person \$100 per family, and E-5 & above \$150 per person/\$300 per family).	

APPEALING MEDICAL AND CLAIMS DECISIONS

Active Duty: For appeal of denied claim or Medical/Dental TDY/TAD, address your issue in writing to the following offices in order:

- Medical Director, Lead Agent, TRICARE Regions 3/15, Fort Gordon
- Director, TRICARE Region 15
- Lead Agent, TRICARE Region 15

The address for all of the above is:

- *(Title from above as appropriate)*
 TRICARE Latin America & Canada
 LASE – Bldg. 38801
 Fort Gordon, GA 30905-5650

Family Members: For denied or non-covered claims when filed directly to WPS for healthcare, follow the appeal process on the reverse side of the Explanation of Benefits.

To appeal a medical TAD/TDY decision follow the procedure outlined under Active Duty.

Some issues may NOT be appealed, such as TRICARE/CHAMPUS Regulations or the TRICARE Maximum Allowable Charge (TMAC) reimbursement rate.

TRICARE PORTABILITY

Enrollment Portability allows TRICARE Prime enrollees to transfer their healthcare coverage from one TRICARE region to another.

Traveling Outside of TLAC: When traveling out of the TLAC area for more than 60 days, Prime enrollees should transfer their enrollment to the new region. Upon return to TLAC a new enrollment form must be completed to transfer the enrollment back to TLAC.

Permanent Change of Station (PCS) from TLAC: When PCSing from TLAC, beneficiaries remain enrolled in TLAC Prime until they transfer their enrollment to their new region (up to a maximum of 60 days). To transfer, call the new region's toll free number (see Regional Contacts on page 12), or contact the nearest

TRICARE Service Center (TSC). The family member's TRICARE coverage automatically converts to the TRICARE Standard benefit 60 days after departure from TLAC if not already enrolled in Prime in the new region within that time.

ANNUAL ENROLLMENT RENEWAL AND DISENROLLMENT

TRICARE Prime family member enrollment is effective for one year. An annual renewal letter is mailed to the beneficiary 30-60 days prior to the enrollment end date to provide them the option to disenroll. Family members who choose to remain enrolled in Prime may disregard the letter as renewal occurs automatically. Active duty enrollments do not require renewal.

Active duty service members may not choose to disenroll. Family members who choose to disenroll must sign the letter and return it to the TSO for processing. Beneficiaries who are approved for early disenrollment will not be able to re-enroll in TLAC Prime for a period of 12 months. Beneficiaries who disenroll but are TRICARE eligible will still be covered under TRICARE Standard.

DENTAL PROGRAM FAST FACTS

Active Duty:

If enrolled to a MTF should seek dental care from the nearest Military Dental Clinic.

If not enrolled to a MTF, pre-authorization is required for non-emergent dental care over \$500.00. Submit requests for pre-authorization of dental care to the TSO in English with dental examination to include X-rays and diagnosis, treatment plan, estimate of time required for care and probable cost, when and where the patient was last on duty at a station where dental services were available, probable length of tour of duty at the patient's present station and present duty status.

Family Members:

* The TRICARE Dental Program (TDP) changed as of 1 February 2001. All enrolled beneficiaries, whether enrolled prior to 1 February 2001 or after, will receive a TDP enrollment card. If you are enrolled and have not received your card, contact United Concordia at 800.866.8499 or 717.975.5017. **You do not need to re-enroll.**

The TDP is a voluntary comprehensive dental plan available to all active duty family members of the seven Uniformed Services. To avoid eligibility problems, sponsors must ensure that family member information in DEERS is accurate and up-to-date. *To enroll your family members, the sponsor must complete a United Concordia enrollment form (available via the World Wide Web at <http://www.ucci.com/tdp/tdp.html>). DD form 2494 or 2494-1 dental enrollment forms will no longer be accepted at your military personnel office.

* You can fax the enrollment form to United Concordia toll free at 888.734.1944, (you must include your credit card number to cover the cost of the first months premium).

* You can enroll online, (include your credit card number to cover the cost of the first months premium).

* Or you can mail the form directly to United Concordia with your check or money order.

- **General Dentistry: Obtain** dental care from the dentist of your choice; however, receiving treatment from a United Concordia participating dentist can save you money, time, and paperwork. Beneficiaries are responsible for cost shares listed in the United Concordia TDP Handbook. Prior to receiving any dental care, call United Concordia at 800.866.8499 or 717.975.5017 to verify your enrollment and benefits and for assistance in locating a participating dentist. Active duty family members are subject to the UCCI pre-determination/authorization requirements. *Limited anesthesia is now a covered benefit.
- **Orthodontic Care:** All family members (non-spouses) are eligible for orthodontic treatment up to, but not including, age 21 (or up to age 23 if enrolled full-time at an accredited college or university). All spouses are eligible up to, but not including, age 23. Prior to receiving any orthodontic care, call United Concordia at 800.866.8499 or 717.975.5017 to verify your enrollment and benefits and for assistance in locating a participating orthodontist.

CONUS Covered Services	Plan Pays
Preventive/Diagnostic	100%
Emergency Treatment	100%
Basic Restorative	80%
Sealants	80%
Endodontics	60%
Periodontics	60%
Oral Surgery	60%
Other Restorative Services	50%
Prosthodontics	50%
Orthodontics	50%

For information about the CONUS program, call United Concordia at 717.975.5017 or email them via the web at www.ucci.com or write them at:

United Concordia Companies, Inc.
TDP Customer Service
PO Box 898218
Camp Hill, PA 17089-8218

CONTACTS FOR HELP

If you need TRICARE assistance, contact the TRICARE Point of Contact serving your area or the TSO.

TRICARE Support Office
Lead Agent Office TRICARE Region 15
Fort Gordon, Georgia

Business Hours Phone	888.777.8343, Option #3
Commercial	706.787.2424
FAX	706.787.3024
DSN	773.xxxx
E-Mail	<u>tricare15@se.amedd.army.mil</u>
Website	<u>tricare15.army.mil</u>

TRICARE Service Center
US Naval Hospital, Roosevelt Roads, Puerto Rico

TSC (during business hours)	888.849.4371
Commercial	787.865.5913
Fax	787.865.6848
DSN	831.xxxx
Emergency Room	787.865.5997
Website	<u>http://rooseyroads.med.navy.mil/tricare2/home.htm</u>

TRICARE Service Center
Rodriguez Army Health Clinic, Fort Buchanan, Puerto Rico

Business Hours Phone	787.707.2534
Fax	787.707.2045
DSN	740.xxxx
Website	<u>http://www.buchanan.army.mil</u>

TRICARE Service Center
Ramey Clinic, US Coast Guard Air Station, Puerto Rico

Business Hours Phone	787.890.8477
Fax	787.890.8481
DSN	None
Website	None

Other Important Telephone Numbers

TRICARE Mail Order Pharmacy (TMOP)	
Express Scripts	866.363.8667 or 866.275.4732
Wisconsin Physician Services (WPS)	877.616.5963 (toll free) or 608.301.2310/11
Website	<u>http://www.wpsic.com/tricare/</u>
Military Medical Services Office (MMSO)	888.647.6676, Option #2, then Option #1
Website	<u>http://navymedicine.med.navy.mil/mmso/</u>

REGIONAL RESOURCES

TRICARE on the World Wide Web

www.tricare.osd.mil

Region 1	http://tricare.detrick.army.mil/ne/index.htm	1.888.999.5195
National Capital Region ME, NH, VT, MS, CT, NY, PA, DE, MA, VA (Northern), Wash DC		
Region 2	http://www.tma.med.navy.mil	1.800-931-9501
Mid-Atlantic Region VA (Southern), NC		
Region 3	http://www.humana-military.com	1.800.444.5445
Eisenhower Army Med. Center SC, GA, FL (Except Panhandle), TN		
Region 4	http://www.humana-military.com	1.800.444.5445
Keesler AFB Medical Center FL (Panhandle), AL, MS, LA (Eastern)		
Region 5	http://dodr5www.wpafb.af.mil	1.800.941.4501
TRICARE Heartland WI, MI, IL, KY, IN, OH, WV		
Region 6	http://www.tricaresw.af.mil	1.800.406.2832
Foundation Federal Health Corp AR, LA (Western), OK, TX (Except El Paso)		
Region 7	http://web01.region8.tricare.osd.mil	1.888.874.9378
TRIWEST Health Care Alliance TX (El Paso), NM, AZ, NV, UT		
Region 8	http://eb01.region8.tricare.osd.mil	1.888.874.9378
TRIWEST Health Care Alliance MO, IA, MN, KS, NE, SD, ND, WY, ID (Southern), CO, MT		
Region 9	http://www.reg9.med.navy.mil	1.800.242.6788
Foundation Federal Health Corp CA (Southern)		
Region 10	http://usafsg.satx.disa.mil/~region10	1.800.242.6788
Foundation Federal Health Corp CA (Northern)		
Region 11	http://tricarenw.mamc.amedd.army.mil	1.800.404.0110
Foundation Federal Health Corp ID (Northern), OR, WA		
Region 12	http://tricare-pac.tamc.amedd.army.mil	1.800.242.6788
Foundation Federal Health Corp HI, AK		
Region 13	http://webserver.europe.tricare.osd.mil	1.888.777.8343 <i>Option # 1</i>
TRICARE Europe		
Region 14	http://tricare-pac.tamc.amedd.army.mil/	1.888.777.8343 <i>Option #4</i>
TRICARE Pacific [Western Pacific]		
Region 15	http://www.tricare.osd.mil/tricare/tricarla.html	1.888.777.8343 <i>Option # 3</i>
TRICARE Latin America & Canada Support Office, Ft Gordon GA		

GLOSSARY OF TRICARE TERMS

Allowable Charge

The amount on which TRICARE Standard figures your cost-share for covered care. TRICARE Standard figures the allowable charge from all professional (non-institutional) providers' bills nationwide, with adjustments for specific localities, over the last year. The claims processor can tell a provider the allowable charge amount for specific services or procedures. Also known as the "CHAMPUS Maximum Allowable Charge" (CMAC).

Authorized Provider

A doctor or other individual authorized provider of care, hospital or supplier who has applied to, and been approved by, TRICARE to provide medical care and supplies. Generally, that means the provider is licensed by the state, accredited by a national organization, or meets other standards of the medical community. If a provider is not authorized, TRICARE cannot help pay the bills.

Balance Billing

This is when a provider bills you for the rest of his or her charges (the "balance" of the charges), after your civilian health insurance plan or TRICARE has paid everything it's going to pay. Federal law says you aren't legally responsible for amounts in excess of 15 percent above the TRICARE allowable charge.

Claims Processor

That's the contractor that handles the TRICARE claims for care received within a particular state or region. They're also called TRICARE contractors and "fiscal intermediaries" or FIs. They have toll-free phone numbers to handle your questions.

Catastrophic Cap

A cost "cap" or upper limit has been placed on TRICARE Standard-covered medical bills in any fiscal year. The limit that an active-duty family will have to pay is \$1,000; the limit for all other TRICARE Standard-eligible families is \$7,500.

Co-Payment

This is a fixed amount you'll pay when you're enrolled in TRICARE Prime and you visit a CONUS civilian provider for some type of medical care. Sometimes, the terms "co-payment" and "cost-share" (see below) are used interchangeably.

Cost-Share

That's the percentage you pay-and the part TRICARE Standard pays-of the allowable charges for care on each claim. Your cost-share depends on your sponsor's status (active or retired) in the service. Your cost-share is paid in addition to the annual deductible for outpatient care and anything non-participating provider charges above the allowable charge. The TRICARE Standard cost-share is the difference between the allowable charge and your cost-share.

Deductible

That's the amount you must pay on your bills each year toward your outpatient medical care, before TRICARE begins sharing the cost of medical care. That is, you pay your provider(s) the first \$150 for an individual, or \$300 for a family, worth of medical bills each fiscal year-from October 1 through September 30 (for the families of active duty members in pay grade E-4 and below, the deductible amounts are \$50 for an individual and \$100 for a family). The contractor keeps track of your deductible and subtracts it from your claims during the year. How much you've paid toward your deductible is spelled out on the Explanation of Benefits. The deductible is separate from, and in addition to, your cost-share.

DEERS

The Defense Enrollment Eligibility Reporting System. That's the computerized data bank that lists all active and retired military members, and should also include their dependents. Active and retired service members are listed automatically, but they must take action to list their dependents and report any changes to family members' status (marriage, divorce, birth of a child, adoption, etc.), and any changes to mailing addresses. TRICARE contractors check DEERS before processing claims to make sure patients are eligible for TRICARE benefits. Contact the nearest Military Personnel Office for further instructions.

Explanation of Benefits (EOB)

A statement the TRICARE contractor sends you and the provider who participates in TRICARE that shows who provided the care, the kind of covered service or supply received, the allowable charge and amount billed, the amount TRICARE Standard paid, how much of your deductible's been paid, and your cost-share. It also gives the reason for denying a claim. Sometimes also called the TRICARE Explanation of Benefits (TEOB).

Military Hospitals

The acronym "MTF" (Military Treatment Facility) is used to refer to military hospitals and clinics. We use it as shorthand for all uniformed service hospitals and clinics including the ten former Public Health Service hospitals.

Non-Availability Statement (NAS)

That's a certification from the uniformed service hospital that says it can't provide the care you need. If you live in certain ZIP codes around a military hospital, you must get a Non-Availability Statement (NAS) before getting non-emergency *inpatient* care at a civilian hospital under TRICARE Standard. Don't forget-TRICARE does not determine eligibility, nor does it issue NASs. The statements must be entered electronically in the Defense Department's DEERS computer files by your nearby military medical facility.

Other Health Insurance

If you have other health care coverage-besides TRICARE for yourself and your family through an employer, an association or a private insurer; or if a student in the family has a health care plan obtained through his or her school-that's what TRICARE considers "other health insurance" (OHI). It may also be called "double coverage" or "coordination of benefits." It doesn't include TRICARE supplemental insurance. It also does not include Medicaid.

Participate in TRICARE

Health care providers who "participate" in TRICARE, also called "accepting assignment," agree to accept the TRICARE allowable charge (including your cost-share and deductible, if any) as the full fee for your care. Individual providers can participate on a case-by-case basis. They file the claim for you and receive the check, if any, from TRICARE. Hospitals that participate in Medicare must, by law, also participate in TRICARE Standard for inpatient care. For outpatient care, hospitals may or may not participate.

Sponsor

The service member either active duty, retired or deceased, whose relationship to you (spouse, child, parent, etc.) establishes eligibility for TRICARE.

TRICARE Supplemental Insurance

These are health benefit plans that are specifically designed to supplement TRICARE benefits. They generally pay most or all of whatever's left after TRICARE has paid its share of the cost of covered health care services and supplies. These plans are frequently available from military associations and other private organizations and firms. Such policies aren't necessarily just for retirees, but may be useful for other TRICARE-eligible families as well.